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ADVICE: Global landscaping of family planning decision support tools

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Population Council

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ADVICE: GLOBAL LANDSCAPING OF FAMILY PLANNING DECISION SUPPORT TOOLS

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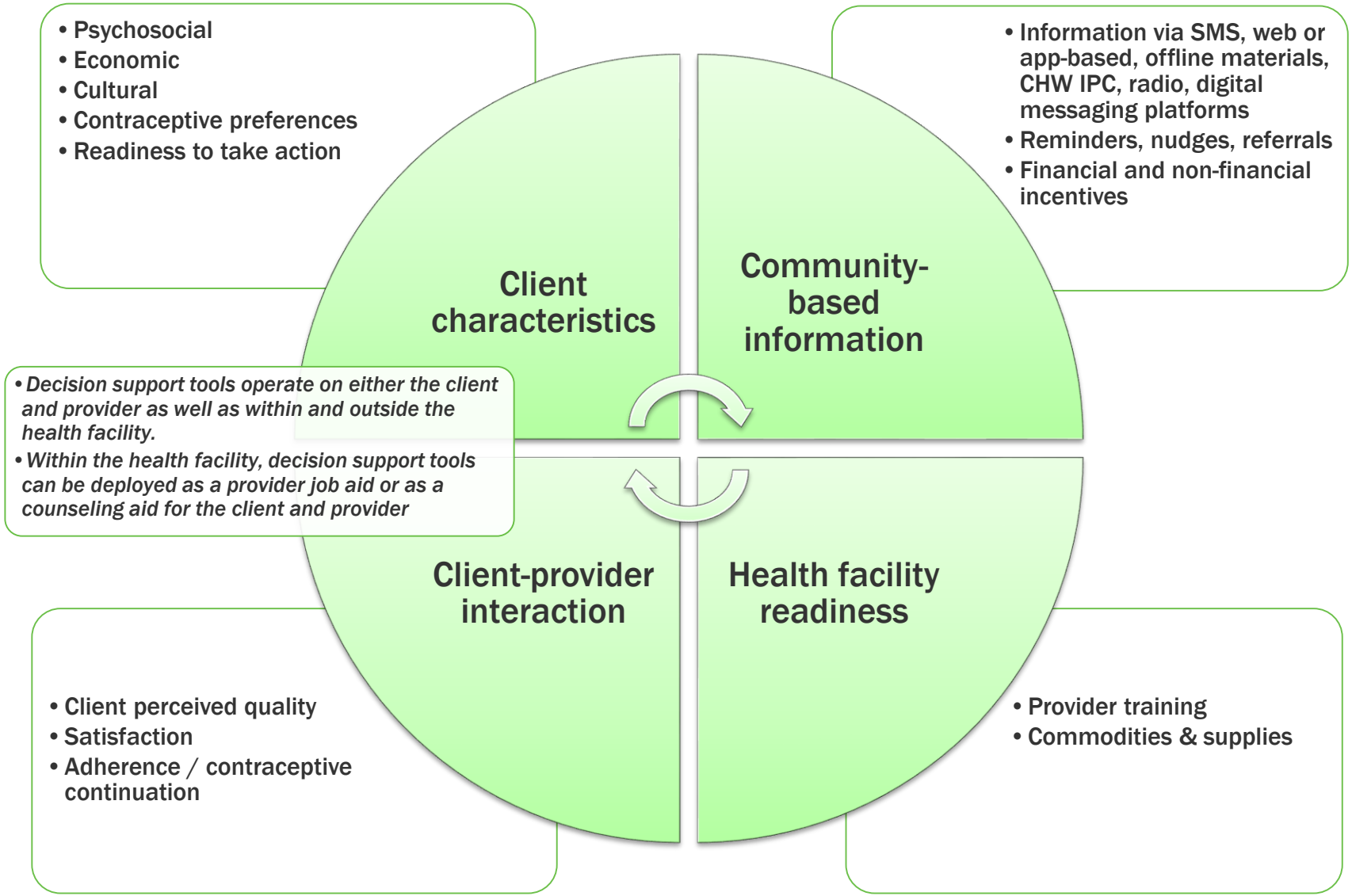
Population Council, Washington

5 March 2020
Lusaka, Zambia

Theory of change: FP events within a user's health journey



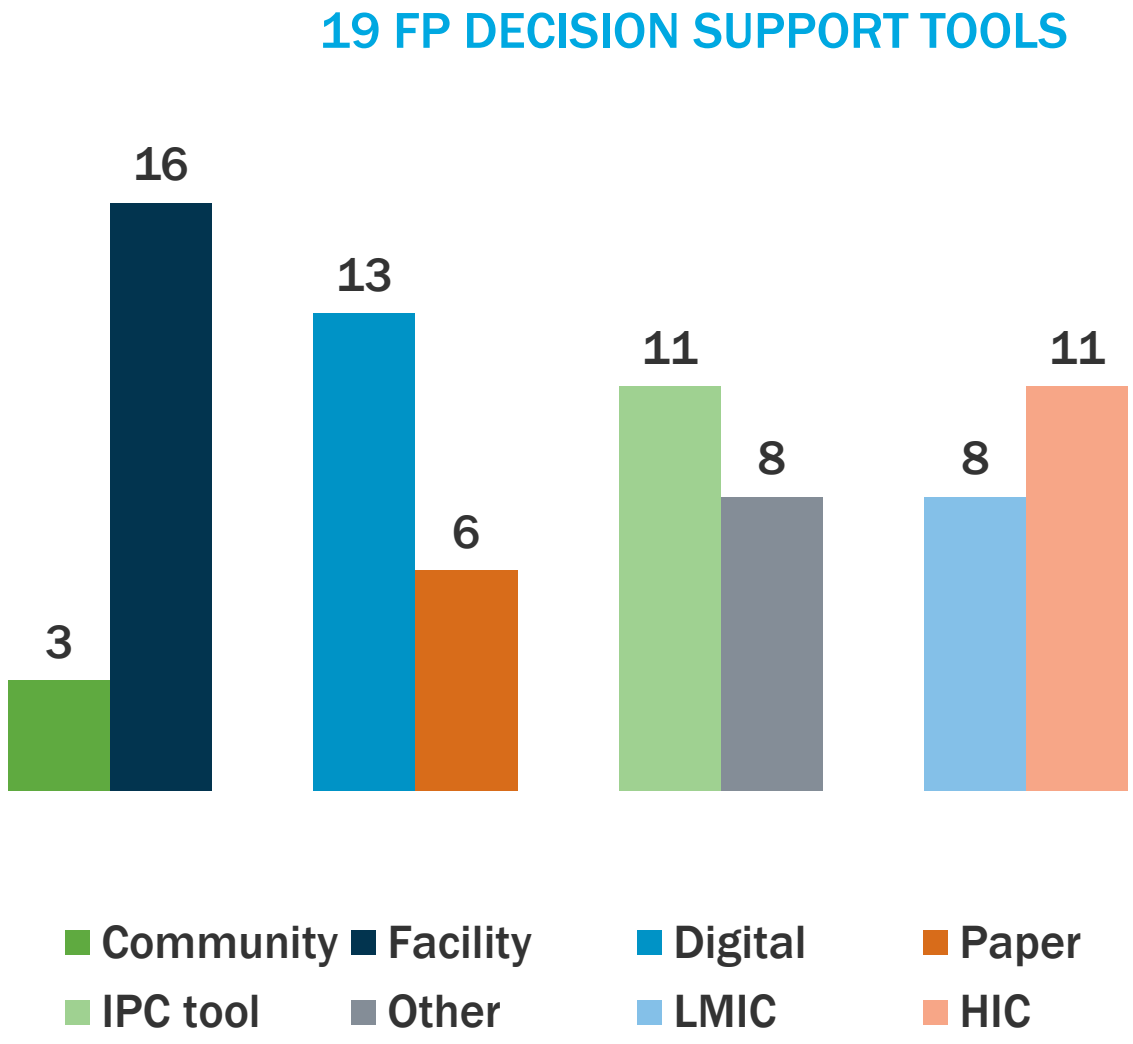
Phase 1: FP decision support tools review

- Recognition that FP counseling is part of a larger longitudinal health journey in which the individual may seek to alternate between optimizing and minimizing fertility
- FP decision support tools guide users through choice sets at specific points in the health journey. Differs from:
  - Unidirectional FP information (e.g., no client feedback)
  - Method-specific decision aids

Methodology

- Published literature search
- Bibliography review
- Grey literature search
- Expert consultation

Descriptive results



9 decision support tools included a pre-consultation primer

Original Research

ajog.org

GYNECOLOGY

Cluster randomized trial of a patient-centered contraceptive decision support tool, *My Birth Control*

Check for updates

Christine Dehlendorf, MD, MAS; Judith Fitzpatrick, BA; Edith Fox, MPH; Kelsey Holt, ScD; Eric Vittinghoff, PhD; Reiley Reed, MPH; Maria Paula Campora, MD; Abby Sokoloff, MPH; Miriam Kuppermann, PhD

BACKGROUND: Research suggests the need for improvement in the patient-centeredness and comprehensiveness of contraceptive counseling. *My Birth Control* is a tablet-based decision support tool designed to improve women's experience of contraceptive counseling and to help them select contraceptive methods that are consistent with their values and preferences.

OBJECTIVE: The objective of this study was to evaluate the effect of *My Birth Control* on contraceptive continuation, experience of contraceptive care, and decision quality.

STUDY DESIGN: Using a cluster randomized design, randomized at the provider level, patient participants interested in starting or changing contraception interacted with *My Birth Control* before their family planning visit (intervention) or received usual care (control). A postvisit survey assessed experience of care method satisfaction, decision quality, and contraceptive knowledge. Surveys at 4 and 7 months assessed the primary outcome of contraceptive continuation, along with method use, satisfaction, and unintended pregnancy. Mixed-effects logistic regression models with multiple imputation for missing data were used to examine the effect of treatment assignment.

RESULTS: Twenty-eight providers participated and 758 patients enrolled between December 5, 2014, and February 5, 2016. Participants

Contraceptive counseling is a common experience for women of reproductive age, with more than 50% of sexually active women in the United States reporting receiving birth control–related care in the past 12 months.[1] The provision of patient-centered contraceptive counseling—defined as care that is respectful of, and responsive to, patient preferences, needs, and values—is necessary to provide quality family planning services,[2] especially given the uniquely personal nature of reproduction and sexuality.

Previous research su
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contraceptive counselin
women highly value cor
formation and interactiv
contraceptive decision n
they often are unable t
concerns and do not r
information.[3,4,7–9] Reco
seling visits have four
elicitation or engageme
experiences and prefer
viders.[10] There has bee
on how to implemen
counseling from a
perspective.[11–18]

Decision support tool
to enable patient-centere
been found to have a po
knowledge, values-cong
and risk perception.[19] D
tools for contraceptive d
may help women

Cite this article as: Dehlendorf C, Fitzpatrick J, Fox E, et al. Cluster randomized trial of a patient-centered contraceptive decision support tool, *My Birth Control*. Am J Obstet Gynecol 2019;220:565.e1-12.

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Contraception

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Original research article

Mobile contraceptive application use in a clinical setting in addition to standard contraceptive counseling: A randomized controlled trial☆,☆☆,★,★★,☆☆☆

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ABSTRACT

Objective: To evaluate the effect of miPlan, a waiting-room contraceptive counseling mobile applica
interest in discussing long-acting reversible contraception (LARC) during the clinical encounter and
Study design: This randomized controlled trial evaluated the miPlan contraceptive counseling
American and Latina young women ages 15–29 years attending four family planning clinics in a la
ern city were randomized to either: (1) use miPlan (intervention) prior to the contraceptive clir
contraceptive clinic visit alone (control). Groups were compared on knowledge of contraceptive effe
terest in discussing LARC, behavioral intentions to use LARC, and LARC uptake.
Results: From February 2015 to January 2016, 207 young women were randomized to interventio
control ($n = 103$) group. Immediately following app use, the intervention group had an increase
and interest in learning about the implant. Immediate post visit, there was no significant
uptake of LARC between the two groups (p>.05). At three months post intervention, app users n
knowledge of IUD effectiveness (52.3% vs 30.8%, p=.001) compared to controls. There was no sign
ence in LARC use.
Conclusion: App use was not associated with an increase in using LARC methods. It was associated v
knowledge of contraceptive effectiveness, an interest in learning about the implant, and behaviora
use LARC methods.
Implications: The miPlan app is a feasible clinic adjunct for increasing contraceptive knowledge a
however, it is not associated with increased LARC use. Mobile applications can offer an accessible
to the contraceptive counseling visit.

1. Introduction

Adolescents need information and access to all methods of contracep-tion. The implant and intrauterine device (IUD), long-acting reversible contraception (LARC), are considered first-line contraceptive methods for adolescents [1–3]. Lack of awareness remains a barrie use, particularly among teenagers and young adults [4–6]. N all young women (48%) have never heard of the implant, a never heard of the IUD [7]. Compared to women ages 20–2 ages 18–19 are less likely to be aware of LARC, and knowledg traceptive methods is lower among African American and La compared to non-Latino white women [7,8]. In clinic setting ed time for counseling, patient education-related gaps might be addressed through innovative approaches.

Mobile applications (apps) offer a scalable technology and have features that may be ideal for a clinic setting. Apps allow users to navigate and choose the information that is most relevant to them [9]. Apps can complement and enhance face-to-face counseling, building knowledge prior to the clinician visit [6,10]. This study was motivated by a prior study which determined that provider time constraints limited thorough counseling on all methods of contraception, particularly LARC

☆ Clinical Trial Registration: ClinicalTrials.gov, https://clinicaltrials.gov, NCT02396602.
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☆☆☆ Presented at the North American Forum on Family Planning, November 5–7, 2016, Denver, Colorado.

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0010-7824/

RESEARCH

Open Access

Acceptability, feasibility and utility of a Mobile health family planning decision aid for postpartum women in Kenya

Check for updates

Rubee Dev[1*], Nancy F. Woods[2], Jennifer A. Unger[3], John Kinuthia[4], Daniel Matemo[4], Shiza Farid[5], Emily R. Begnel[5], Pamela Kohler[6] and Alison L. Drake[5]

Abstract

Background: Unmet need for contraception is high during the postpartum period, increasing the risk of unintended subsequent pregnancy. We developed a client facing mobile phone-based family planning (FP) decision aid and assessed acceptability, feasibility, and utility of the tool among health care providers and postpartum women.

Methods: Semi-structured in-depth interviews (IDIs) were conducted among postpartum women ($n = 25$) and FP providers ($n = 17$) at 4 Kenyan maternal and child health clinics, 2 in the Nyanza region (Kisumu and Siaya Counties) and 2 in Nairobi. Stratified purposive sampling was used to enroll postpartum women and FP providers. Data were analyzed using an inductive content analysis approach by 3 independent coders, with consensual validation.

Results: FP providers stated that the Interactive Mobile Application for Contraceptive Choice (iMACC) tool contained the necessary information about contraceptive methods for postpartum women and believed that it would be a useful tool to help women make informed, voluntary decisions. Most women valued the decision aid content, and described it as being useful in helping to dispel myths and misconceptions, setting realistic expectations about potential side effects and maintaining confidentiality. Both women and providers expressed concerns about literacy and lack of familiarity with smart phones or tablets and suggested inclusion of interactive multimedia such as audio or videos to optimize the effectiveness of the tool.

Conclusions: The iMACC decision aid was perceived to be an acceptable tool to deliver client-centered FP counseling by both women and providers. Counseling tools that can support FP providers to help postpartum women make informed and individualized FP decisions in resource-limited settings may help improve FP counseling and contraceptive use in the postpartum period.

Keywords: Postpartum, Family planning, Contraceptive counseling, Decision aid

Plain English summary

We explored feasibility, acceptability and utility of an Interactive Mobile Application for Contraceptive Choice (iMACC) client focused decision aid designed to support family planning (FP) counseling and uptake. This qualitative study was conducted at 4 Kenyan maternal and child health clinics: 2 rural sites in the Nyanza region and 2 urban sites in Nairobi. We recruited 25 postpartum adolescents' girls and women (age ≥ 14 years) and 17 FP providers (nurses) for in-depth interviews. Overall, women and providers felt that the decision aid was easy to use and had all the necessary information on different contraceptive methods that would help them in decision making. They further reported that such a decision aid will help them get rid of myths and misconceptions associated with the contraceptive methods and will also keep their information confidential. Both women and providers expressed concerns about literacy and technological challenges of using smart phones or devices and suggested inclusion of multimedia such as audio or videos to optimize the effectiveness of the tool. Overall, the

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Decision support takes place within a health journey

- Client characteristics
  - Psychosocial
  - Economic
  - Cultural
  - Contraceptive preferences
  - Readiness to take action
- Community-based information
  - Information via SMS, web or app-based, offline materials, CHW IPC, radio, digital messaging platforms
  - Reminders, nudges, referrals
  - Financial and non-financial incentives
- Health facility readiness
  - Provider training
  - Commodities & supplies
- Client-provider interaction
  - Client perceived quality
  - Satisfaction
  - Adherence / contraceptive continuation

How do contraceptive decision support tools discuss methods? [Review]

CATEGORIES & SELECT ATTRIBUTES INFLUENCING CONTRACEPTIVE CHOICE

Attribute	Included terms (similar attributes)
Mechanistic	
Ease of use	Effort, convenience
Return to fertility	Reversibility, childbearing plans
Method effect	
Efficacy	”perfect use”, “typical use”
Health effects	STI/HIV risk, menstruation
Social / normative	
Partner support	Compliance/ involvement/ attitudes
Concealability	Discreet, private
Practical	
Cost (financial)	Ability to pay, cost over time
Availability	Where obtained, hours, location

Wyatt KD, Anderson RT, Creedon D, Montori VM, Bachman J, Erwin P, et al. Women’s values in contraceptive choice: A systematic review of relevant attributes included in decision aids. BMC Womens Health. 2014;14(1):1–13. Available from: BMC Women’s Health

Phase 2: Human centered design of a pre-consultation HIV priming tool to support a FP user's health journey

LANDSCAPING & STRATEGY

DESIGN ARCHITECTURE

USER CONTENT DEVELOPMENT

USER TESTING

LAUNCH

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GLOBAL LANDSCAPING OF HIV VULNERABILITY ASSESSMENT TOOLS

Tracy McClair
Population Council, Washington, DC

5 March 2020
Lusaka, Zambia

Rationale of HIV vulnerability assessments in family planning (FP)

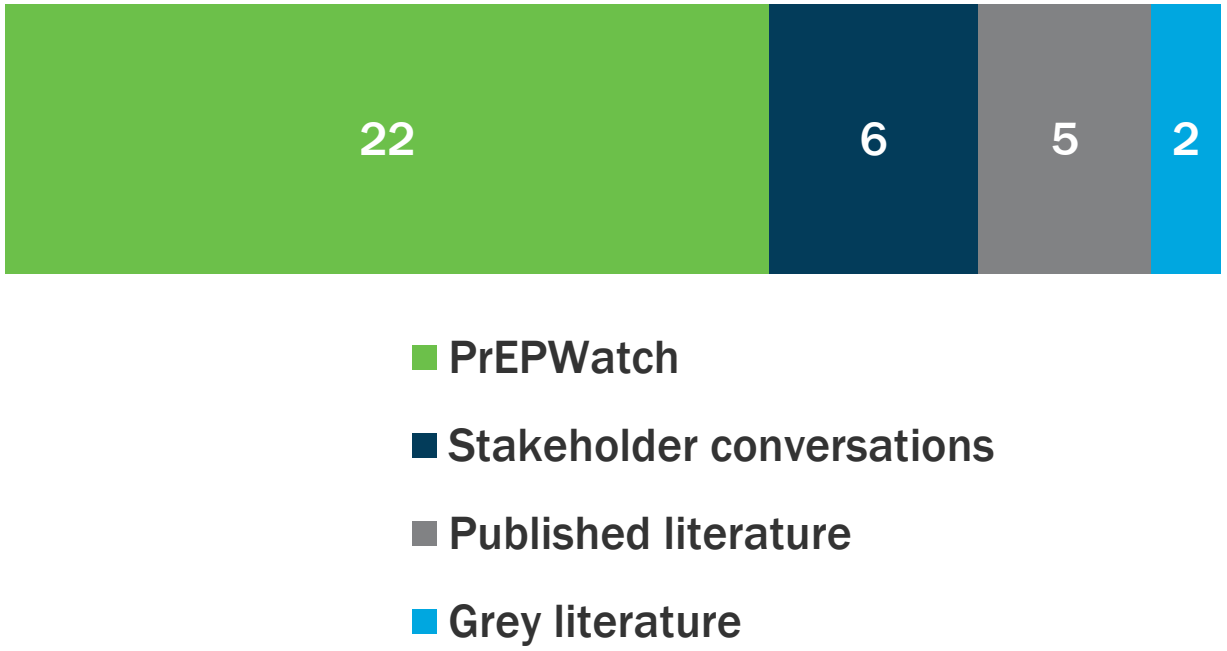
- Inform method choice
- Help women self-assess whether they desire onward HIV services

Methodology for review of tools

- Published literature search
- Grey literature search
- PrEPWatch
- Stakeholder conversations

Results

35 HIV VULNERABILITY ASSESSMENT TOOLS



Results: Domains covered

- Sociodemographic characteristics
- Economic characteristics
- STIs
- HIV services
- Sexual behaviors
- Condom use
- Transactional sex
- Alcohol and drug use
- Family planning and pregnancy
- Partner characteristics
- Gender-based violence
- Perceptions, norms, beliefs, power
- Social support

Results: Language style of the tools

- 23 tools are survey/questionnaire style (self-administered or provider administered)
- 12 tools are conversational
  - Decision-support through a conversation, digital or face to face
  - Client or provider-facing
  - Several include counseling guides

Example: Survey-based tool Vulnerable AGYW Index

17.	Are you currently using any form of modern contraception?	1. Yes	0 point		
		2. No ***In this case, don't ask question 18***	3 point		
18.	**If yes to question 17**, do you use a condom and how often do you use it, is it with every intercourse or just sometimes?	1. Uses contraception but never a condom	2 points		
		2. Uses contraception but only sometimes a condom	2 points		
		3. Always uses a condom	0 points		
19.	Thinking about the ages of your past sexual partners, what is the biggest age difference between you and a sexual partner ever?	[__|__] years			
		1. Over 10 years	3 points		
		2. Between 6 and 10 years	2 points		
		3. Between 3 and 5 years	1 point		
		4. Less than 3 years	0 points		
		5. Don't know	3 points		
20.	Do you know the HIV status of your current sexual partner(s)?	1. She knows and there is an HIV + partner	3 points		
		2. She knows and there is not an HIV+ partner	0 points		
		3. Doesn't know	3 points		
21.	At any time in your life, as a child or as an adult, have you ever experienced sexual violence? For the purposes of this survey, 'sexual violence' is any physical sexual act that is perpetrated against your will (this includes, for example vaginal or anal penetration, digital penetration and oral sex). If yes, how often have you experienced this kind of sexual violence?	1. Yes, more than three times	3 points		
		2. Yes, one or two times	2 points		
		3. Yes, once	1 point		
		4. Never experienced sexual violence	0 points		

Example: Interactive Tool BCS+

STI and HIV Risk Assessment

Discuss the following issues to assess the client's risk of STIs and HIV:

- Ask client about past and present condom use (including perception of partner's attitude) and ask whether s/he is aware that condoms protect against both STIs/HIV and pregnancy.
- Ask the client whether they know their HIV status and the HIV status of partner(s). If partner is positive, ask whether s/he is taking ARV medicines.
- Discuss risks associated with multiple or concurrent partners. This includes increased risk for sexually transmitted infections (STIs) and HIV.
- Ask whether the client has knowledge of their male partner's circumcision status. Explain that male circumcision reduces the transmission risk of STIs or HIV to the male's partner.
- Discuss with clients the types of sex or sexual activities and behaviors that can increase risk for getting an STI or HIV (for example, if partner or self has multiple sexual partners, oral sex, anal sex, dry sex, use of detergents or spermicides).
- Discuss whether the client has knowledge of partner's sexual history, including multiple or concurrent partners. If partner or self has history of multiple or concurrent partners, counsel client to attend couples' counseling or voluntary testing and counseling (VCT) to determine HIV status.
- Ask about client's home-life situation (for example, partner violence and social support). If they mention violence, refer to Women's Support and Safety card.
- Ask whether client has ever used PMTCT during pregnancy. Discuss benefits of PMTCT to prevent HIV transmission during pregnancy.

Emerging Insights

- Move away from scoring/categorizing
- Move away from “risk” terminology
- Language is key: translate domains into conversations

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